

TODCO, Inc.

Random Inspection/Waste Screening Form

Date: _____ Hauler/Truck No.: _____

Inspected by: _____ Generation Site: _____

INSPECTION CHECKLIST: (CHECK "YES" TO EACH TYPE MATERIAL OBSERVED)

	YES	NO
Household garbage	_____	_____
Containers/Drums	_____	_____
Material with chemical odor/vapor	_____	_____
Asbestos containing materials	_____	_____
Household Hazardous Waste	_____	_____
Medical waste	_____	_____
Liquid waste	_____	_____
Hazardous waste	_____	_____
Sludges	_____	_____
Other unidentifiable waste	_____	_____
General C&D Waste	_____	_____

Description of waste in load being inspected _____

Drivers Name and Comments (if needed) _____

WASTE ACCEPTED () or WASTE REJECTED () Disposition _____

Signature of Inspector _____